





MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 2024200

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

2. Committee Name CITIZENS TO ELECT MONICA SPARKS

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>30,015.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>30,015.00</u>	(18.) \$ <u>30,015.00</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0.00</u>	(19.) \$ <u>0.00</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$ <u>30,015.00</u>	(20.) \$ <u>30,015.00</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>33,332.07</u>	(21.) \$ <u>33,332.07</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0.00</u>	(22.) \$ <u>0.00</u>
<b>EXPENDITURES</b>		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>18,570.14</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0.00</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0.00</u>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>18,570.14</u>	(23.) \$ <u>18,570.14</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0.00</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0.00</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$ <u>0.00</u>	(24.) \$ <u>0.00</u>
<b>DEBTS AND OBLIGATIONS</b>		
12. Debts and Obligations		
a. Owed <b>by</b> the Committee (Schedule 1E)	(12a.) \$ <u>0.00</u>	
b. Owed <b>to</b> the Committee (Schedule 1E)	(12b.) \$ <u>0.00</u>	
<b>BALANCE STATEMENT</b>		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>0.00</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>30,015.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>30,015.00</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>18,570.14</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>11,444.86</u>	*



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>11/19/2024</u> Name & Address: <b>FRANTHEA PRICE</b> <b>695 BRITTANY CT SE</b> <b>GRAND RAPIDS, MI 49548</b>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>01/06/2025</u> Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNTY COMMISSIONER</u> Employer <u>KENT COUNTY</u> Business Address <u>300 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/07/2025</u> Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>		\$ <u>20.00</u>	\$ <u>2,540.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNTY COMMISSIONER</u> Employer <u>KENT COUNTY</u> Business Address <u>300 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/20/2025</u> Name & Address: <b>MICAH PERKINS</b> <b>2133 RICHMOND ST NE</b> <b>GRAND RAPIDS, MI 49504</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>TRUSTEE</u> Employer <u>GRAND RAPIDS COMMUNITY COLLEGE</u> Business Address <u>143 BOSTWICK AVE NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 790.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/20/2025</u>	
Name & Address: ISAAC NORRIS 3942 CHAMBERLAIN AVE SE GRAND RAPIDS, MI 49508		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ARCHITECT</u> Employer <u>IVNS</u> Business Address <u>1209 KALAMAZOO AVE SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/21/2025</u>	
Name & Address: MICHAEL OZIER 8985 REECK RD ALLEN PARK, MI 48101		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/21/2025</u>	
Name & Address: KATE KEMPERMAN 2439 OKEMOS DR SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/21/2025</u>	
Name & Address: BRENDA MATHEWS 2088 EASTCASTLE DR SE APT AA-9 GRAND RAPIDS, MI 49508		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 400.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/21/2025</u>	
Name & Address: <b>ADATUNJI OJO</b> 625 OLDFIELD DR SE BYRON CENTER, MI 49315		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BEHAVIORAL UNIT MANAGER</u> Employer <u>COREWELL HEALTH</u> Business Address <u>1234 NAPIER AVE, ST JOSEPH, MI 49085</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/21/2025</u>	
Name & Address: <b>ZORAIDA SANCHEZ</b> 3322 TOWN CROSSING DR. SW GRANDVILLE, MI 49418		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BUSINESS OWNER</u> Employer <u>SANCHEZ INCOME TAX</u> Business Address <u>843 CESAR E. CHAVEZ AVE SW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/21/2025</u>	
Name & Address: <b>OLATUNJI OLAPADE</b> 5801 BIRDSONG CT SE KENTWOOD, MI 49508		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGING PARTNER</u> Employer <u>NET-CUBE TECHNICAL LIMITED</u> Business Address <u>139 HAL OLD AIRPORT RD, UNIT 208, BENGALURU, KA 560008</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/21/2025</u>	
Name & Address: <b>MELISSA LAGRAN</b> 255 COLLEGE AVE SE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNTY COMMISSIONER</u> Employer <u>KENT COUNTY</u> Business Address <u>300 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 600.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/21/2025</u> Name & Address: <b>PAM MOSS</b> <b>2119 41ST ST SE</b> <b>GRAND RAPIDS, MI 49508</b>		\$ <u>10.00</u>	\$ <u>10.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/21/2025</u> Name & Address: <b>ROBERT WOMACK</b> <b>909 HANCOCK ST SE</b> <b>GRAND RAPIDS, MI 49507</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CITY COMMISSIONER</u> Employer <u>KENT COUNTY</u> Business Address <u>300 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/22/2025</u> Name & Address: <b>GABRIELA DE LA VEGA</b> <b>4017 KLAVER CT SW</b> <b>WYOMING, MI 49519</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>HEALTHCARE INTERPRETER</u> Employer <u>TRINITY HEALTH</u> Business Address <u>20555 VICTOR PKWY, LIVONIA, MI 48152</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/25/2025</u> Name & Address: <b>PATRICK COLEMAN</b> <b>3643 PORTMAN LN SE</b> <b>GRAND RAPIDS, MI 49508</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF-EMPLOYED</u> Employer <u>7 SOLUTIONS T&amp;D</u> Business Address <u>3643 PORTMAN LN SE, GRAND RAPIDS, MI 49508</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **310.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/26/2025</u>	
Name & Address: <b>KEITH WILLIAMS</b> <b>19172 HARTWELL ST</b> <b>DETROIT, MI 48235</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/18/2025</u>	
Name & Address: <b>CAROL HENNESSY</b> <b>1510 KENAN AVE NW</b> <b>GRAND RAPIDS, MI 49504</b>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COUNTY COMMISSIONER</u> Employer <u>KENT COUNTY</u> Business Address <u>300 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>04/29/2025</u>	
Name & Address: <b>KENTWOOD PROFESSIONAL FIREFIGHTERS UNION</b> <b>4775 WALMA AVE SE</b> <b>KENTWOOD, MI 49512</b>		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/08/2025</u>	
Name & Address: <b>JEREMIAH WHITE</b> <b>8000 EAST PARIS AVE SE</b> <b>CALEDONIA, MI 49316</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STYLIST</u> Employer <u>REFLECTIONS 5001,LLC</u> Business Address <u>2650 E BELTLINE AVE SE, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **1,775.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/21/2025</u>	
Name & Address: <b>BRANDON DILLON</b> <b>201 NORWOOD AVE SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGING PARTNER</u> Employer <u>THE WINMATT GROUP</u> Business Address <u>101 N WASHINGTON SQUARE, #1400, LANSING, MI 48933</u> Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/29/2025</u>	
Name & Address: <b>ANTHONY KING</b> <b>2024 ONTONAGON AVE SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CEO AND EXECUTIVE DIRECTOR</u> Employer <u>THE WELLNESS PLAN</u> Business Address <u>7700 2ND AVE, DETROIT, MI 48202</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>06/05/2025</u>	
Name & Address: <b>TEAMSTERS 406 POLITICAL ACTION COMMITTEE</b> <b>2741 TRUMBULL AVENUE</b> <b>DETROIT, MI 48216</b>		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>06/11/2025</u>	
Name & Address: <b>KENT COUNTY DEMOCRATIC PARTY</b> <b>301 FULLER AVE NE</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>1,500.00</u>	\$ <u>1,500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **4,500.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/18/2025</u>	
Name & Address: <b>ERIKA PLUNKETT</b> <b>4333 ASTORIA AVE SE</b> <b>KENTWOOD, MI 49512</b>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INDEPENDENT CONSULTANT</u> Employer <u>SELF-EMPLOYED</u> Business Address <u>4333 ASTORIA AVE SE, KENTWOOD, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/25/2025</u>	
Name & Address: <b>KIM GATES</b> <b>7135 MCCORDS AVE SE</b> <b>ALTO, MI 49302</b>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/29/2025</u>	
Name & Address: <b>ASHLEY BURGIN</b> <b>1292 SHADOW HILLS DR SW</b> <b>BYRON CENTER, MI 49315</b>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/30/2025</u>	
Name & Address: <b>DAWN BAKER</b> <b>2012 SOUTH TERRACE LANE NE</b> <b>GRAND RAPIDS, MI 49505</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SHOW MANAGER</u> Employer <u>SHOWSPAN</u> Business Address <u>2121 CELEBRATION DR NE, GRAND RAPIDS, MI 49525</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **825.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>06/30/2025</u>	
Name & Address: <b>HERBERT SEAMONS</b> <b>139 LANGDON AVE NE</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FIELD REPRESENTATIVE</u> Employer <u>US DEPT OF COMMERCE/ CENSUS BUREAU</u> Business Address <u>608 W ALLEGAN ST, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/16/2025</u>	
Name & Address: <b>FRANTHEA PRICE</b> <b>695 BRITTANY CT SE</b> <b>GRAND RAPIDS, MI 49548</b>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>07/16/2025</u>	
Name & Address: <b>DTE ENERGY POLITICAL ACTION COMMITTEE</b> <b>ONE ENERGY PLAZA</b> <b>DETROIT, MI 48226</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/19/2025</u>	
Name & Address: <b>BARB KARENKO</b> <b>1637 PONTIAC RD SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>INTERVENTIONAL CARDIOLOGIST</u> Employer <u>UNIVERSITY OF MICHIGAN HEALTH-WEST</u> Business Address <u>2122 HEALTH DR SW, WYOMING, MI 49519</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **875.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/19/2025</u>	
Name & Address: <b>GARY STARK</b> <b>2637 HAMPSHIRE BLVD SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>50.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>07/19/2025</u>	
Name & Address: <b>KENT COUNTY DEMOCRATIC PARTY</b> <b>301 FULLER AVE NE</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>100.00</u>	\$ <u>1,600.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>12/17/2024</u>	
Name & Address: <b>THOMAS APPEL</b> <b>1055 FOREST HILL AVE</b> <b>APT 269</b> <b>GRAND RAPIDS, MI 49546</b>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>02/10/2025</u>	
Name & Address: <b>SKOT WELCH</b> <b>3754 BLAZING STAR ST SE</b> <b>KENTWOOD, MI 49512</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 300.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/05/2025</u> Name & Address: <b>DOUGLAS JOHNSON</b> <b>2741 COLGATE CT SW</b> <b>WYOMING, MI 49519</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/21/2025</u> Name & Address: <b>FRANK LYNN</b> <b>3446 DEVON DR NE</b> <b>GRAND RAPIDS, MI 49546</b>		\$ <u>35.00</u>	\$ <u>35.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/21/2025</u> Name & Address: <b>GARY STARK</b> <b>2637 HAMPSHIRE BLVD SE</b> <b>EAST GRAND RAPIDS, MI 49506</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>03/21/2025</u> Name & Address: <b>DARLENE LEE</b> <b>1557 BELMAR DR SE</b> <b>GRAND RAPIDS, MI 49508</b>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **435.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/21/2025</u>	
Name & Address: LUPE RAMOS-MONTIGNY 977 WALTHAM AVE SE GRAND RAPIDS, MI 49546		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/21/2025</u>	
Name & Address: BRENDA BRAME 3446 CHAMBERLAIN AVE SE GRAND RAPIDS, MI 49508		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/21/2025</u>	
Name & Address: TANYA POWELL-MAY 5790 SABLE RIDGE DR SE KENTWOOD, MI 49508		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/21/2025</u>	
Name & Address: CHARISSA HUANG 1317 NORTHLAWN ST NE GRAND RAPIDS, MI 49505		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 300.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/21/2025</u>	
Name & Address: ANISSA EDDIE 1235 PROSPECT AVE GRAND RAPIDS, MI 49507		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>03/21/2025</u>	
Name & Address: BARBARA KARENKO-SAXTON 1637 PONTIAC RD SE GRAND RAPIDS, MI 49506		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/06/2025</u>	
Name & Address: EDMUND SPILLERS 3554 RAINTREE CT SE KENTWOOD, MI 49512		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>04/19/2025</u>	
Name & Address: THOMAS APPEL 1055 FOREST HILL AVE APT 269 GRAND RAPIDS, MI 49546		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 200.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>05/05/2025</u>	
Name & Address: <b>JULIA KELLY</b> <b>608 PROSPECT AVE SE</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/21/2025</u>	
Name & Address: <b>SHERLYNN JAMES</b> <b>1852 PLYMOUTH AVE SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/24/2025</u>	
Name & Address: <b>DANIEL GOLDBERG</b> <b>55 OTTAWA AVE SW</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>07/28/2025</u>	
Name & Address: <b>MAHER W KARADSHEH</b> <b>3162 POPLAR CREEK DR SE</b> <b>UNIT 303</b> <b>KENTWOOD, MI 49512</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>STORE OWNER</u> Employer <u>ABBY'S PRINTING</u> Business Address <u>3109 BROADMOOR AVE SE, GRAND RAPIDS, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **395.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<p>3. Contribution # 1      PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>07/28/2025</u></p> <p>Name &amp; Address: MICHIGAN LABORERS POLITICAL LEAGUE POLITICAL ACTION COMMITTEE 1118 CENTENNIAL WAY SUITE 100 LANSING, MI 48917</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct    <input type="checkbox"/> Loan from a person    <input type="checkbox"/> Fund Raiser</p>		\$ <u>2,500.00</u>	\$ <u>2,500.00</u>
<p>3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>07/31/2025</u></p> <p>Name &amp; Address: BRANDON DILLON 201 NORWOOD AVE SE GRAND RAPIDS, MI 49506</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGING PARTNER</u> Employer <u>THE WINMATT GROUP</u> Business Address <u>101 N WASHINGTON SQUARE, #1400, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct    <input type="checkbox"/> Loan from a person    <input type="checkbox"/> Fund Raiser</p>		\$ <u>500.00</u>	\$ <u>750.00</u>
<p>3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/02/2025</u></p> <p>Name &amp; Address: SHELLEY WOOTEN 2648 WOODMEADOW DR SE APT 303 GRAND RAPIDS, MI 49546</p> <p>5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct    <input type="checkbox"/> Loan from a person    <input type="checkbox"/> Fund Raiser</p>		\$ <u>25.00</u>	\$ <u>25.00</u>
<p>3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/07/2025</u></p> <p>Name &amp; Address: THOMAS APPEL 1055 FOREST HILL AVE APT 269 GRAND RAPIDS, MI 49546</p> <p>5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct    <input type="checkbox"/> Loan from a person    <input checked="" type="checkbox"/> Fund Raiser</p>		\$ <u>100.00</u>	\$ <u>150.00</u>

Page Subtotal **3,125.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/07/2025</u>	
Name & Address: <b>KIM GATES</b> <b>7135 MCCORDS AVE SE</b> <b>ALTO, MI 49302</b>		\$ <u>25.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/09/2025</u>	
Name & Address: <b>CAROL GLANVILLE</b> <b>1878 STRATFORD LN</b> <b>GRAND RAPIDS, MI 49534</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/15/2025</u>	
Name & Address: <b>KATHLEEN BARNHOUSE</b> <b>4851 FULLER AVE SE</b> <b>KENTWOOD, MI 49508</b>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>08/20/2025</u>	
Name & Address: <b>JOYCE GIFFEL</b> <b>358 RIVERWOOD DR</b> <b>MIDDLEVILLE, MI 49333</b>		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **215.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/21/2025</u> Name & Address: <b>NANCY GARBER</b> <b>21 BAYNTON AVE NE</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/21/2025</u> Name & Address: <b>ABIGAIL GROFF-BLASZAK</b> <b>2360 LAKE DR SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/21/2025</u> Name & Address: <b>LINDA BIEZE</b> <b>2292 BRIDLE CREEK ST SE</b> <b>KENTWOOD, MI 49508</b>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/23/2025</u> Name & Address: <b>JENNIFER HOOGERHYDE</b> <b>9726 SHAW CREEK CT NE</b> <b>ROCKFORD, MI 49341</b>		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **215.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/26/2025</u> Name & Address: <b>STEPHEN FABER</b> <b>1845 MEADOWFIELD DR NE</b> <b>GRAND RAPIDS, MI 49505</b>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/28/2025</u> Name & Address: <b>QUINTINA JONES</b> <b>2055 N CROSS CREEK DR SE</b> <b>GRAND RAPIDS, MI 49508</b>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/29/2025</u> Name & Address: <b>LINDA MARTIN</b> <b>3640 BRETON RD SE</b> <b>GRAND RAPIDS, MI 49512</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>08/29/2025</u> Name & Address: <b>SELMA TUCKER</b> <b>614 WINDSOR TERRACE SE</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>CONSULTANT</u> Employer <u>GSO SOLUTIONS</u> Business Address <u>2660 HORIZON DR SE, 2660 #C4, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **1,000.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
<b>3. Contribution # 1</b> PAC Receipt? <input type="checkbox"/> YES <b>4. Date of Receipt</b> <u>08/29/2025</u> Name & Address: <b>LONNIE POLK</b> <b>2156 SANDY SHORE DR SE</b> <b>APT 102</b> <b>GRAND RAPIDS, MI 49508</b> <b>5. If over \$100.00 cumulative, please provide:</b> Occupation <u>INDEPENDENT CONTRACTOR</u> Employer <u>LASER SPEC INSPECTIONS</u> Business Address <u>500 REED ST, BELDING, MI 48809</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
<b>3. Contribution #2</b> PAC Receipt? <input type="checkbox"/> YES <b>4. Date of Receipt</b> <u>08/30/2025</u> Name & Address: <b>BARBARA WELCH</b> <b>3754 BLAZING STAR ST SE</b> <b>KENTWOOD, MI 49512</b> <b>5. If over \$100.00 cumulative, please provide:</b> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>25.00</u>	\$ <u>25.00</u>
<b>3. Contribution # 3</b> PAC Receipt? <input type="checkbox"/> YES <b>4. Date of Receipt</b> <u>09/02/2025</u> Name & Address: <b>DAVID BLASZAK</b> <b>1664 OVERFIELD DR SE</b> <b>GRAND RAPIDS, MI 49508</b> <b>5. If over \$100.00 cumulative, please provide:</b> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ <u>25.00</u>	\$ <u>25.00</u>
<b>3. Contribution # 4</b> PAC Receipt? <input type="checkbox"/> YES <b>4. Date of Receipt</b> <u>09/03/2025</u> Name & Address: <b>MATTHEW BUDD</b> <b>4302 WALNUT HILLS DR</b> <b>KENTWOOD, MI 49512</b> <b>5. If over \$100.00 cumulative, please provide:</b> Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>

Page Subtotal 200.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/03/2025</u>	
Name & Address: <b>ANTOINETT CHAPMAN</b> <b>918 PRINCE ST SE</b> <b>GRAND RAPIDS, MI 49507</b>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/03/2025</u>	
Name & Address: <b>NICOLE SCHARPHORN</b> <b>143 DANIEL ST SE</b> <b>GRAND RAPIDS, MI 49507</b>		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OPERATIONS ANALYST</u> Employer <u>BROWN &amp; BROWN</u> Business Address <u>2851 CHARLEVOIX DR SE, SUITE 220, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/03/2025</u>	
Name & Address: <b>MEDINA JONES</b> <b>3678 BLAZING STAR ST SE</b> <b>KENTWOOD, MI 49512</b>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/04/2025</u>	
Name & Address: <b>JAMES E VAUGHN</b> <b>1288 CAMBRIDGE DR</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>300.00</u>	\$ <u>300.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **415.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/04/2025</u> Name & Address: <b>DERRICK COLLINS</b> <b>160 68TH ST SW</b> <b>KENTWOOD, MI 49548</b>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/05/2025</u> Name & Address: <b>JEFF SHUTZ</b> <b>1115 CADILLAC DR SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/05/2025</u> Name & Address: <b>CAROL PAINE-MCGOVERN</b> <b>2445 HALL ST SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/05/2025</u> Name & Address: <b>MARGUERITE DOOLEY</b> <b>712 DOROTHEA DR</b> <b>RALEIGH, NC 27603</b>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **425.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/05/2025</u> Name & Address: <b>KATRINA WILLIAMS</b> <b>1321 MANORWOOD DR SE</b> <b>GRAND RAPIDS, MI 49508</b>		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/05/2025</u> Name & Address: <b>AUSTIN MUELLER</b> <b>2655 GRAND CASTLE BLVD SW</b> <b>GRANDVILLE, MI 49418</b>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/06/2025</u> Name & Address: <b>MICHELLE MCCLOUD</b> <b>2795 W COBBLESTONE CT. SE</b> <b>KENTWOOD, MI 49512</b>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>KENT COUNTY COMMISSIONER</u> Employer <u>KENT COUNTY</u> Business Address <u>300 MONROE AVE NW, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/06/2025</u> Name & Address: <b>WHITNEY BECKER</b> <b>4341 MILAN AVE SW</b> <b>WYOMING, MI 49509</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **665.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/06/2025</u>	
Name & Address: <b>JIM PLUNKETT</b> <b>4333 ASTORIA AVE SE</b> <b>GRAND RAPIDS, MI 49512</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/06/2025</u>	
Name & Address: <b>YILIN WENDLAND-LIU</b> <b>2691 HAWK RIDGE CT SE</b> <b>KENTWOOD, MI 49508</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/06/2025</u>	
Name & Address: <b>LEA TOBAR</b> <b>2430 HIGHRIDGE LN SE</b> <b>GRAND RAPIDS, MI 49546</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/06/2025</u>	
Name & Address: <b>ANTOINETTE THOMPSON</b> <b>4726 SUMMER CREEK LANE SE</b> <b>GRAND RAPIDS, MI 49508</b>		\$ <u>40.00</u>	\$ <u>40.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **340.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/07/2025</u> Name & Address: DEXTER FLEMMING 797 HARRISON STREET CANTON, MI 48188		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/07/2025</u> Name & Address: SHEILA E IDE 6014 GRAND RIVER DR GRAND LEDGE, MI 48837		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/08/2025</u> Name & Address: JEFF WINSTON 1525 FORREST AVE NE GRAND RAPIDS, MI 49505		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/08/2025</u> Name & Address: JOYCE GIFFEL 358 RIVERWOOD DR MIDDLEVILLE, MI 49333		\$ <u>40.00</u>	\$ <u>80.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal 390.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/09/2025</u>	
Name & Address: RYAN SCHMIDT 812 ROSEWOOD AVE SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/10/2025</u>	
Name & Address: IRA COMBS 4580 EAGLE DR JACKSON, MI 49201		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>FOUNDER</u> Employer <u>GREATER BIBLE WAY TEMPLE</u> Business Address <u>322 MADISON ST, JACKSON, MI 49202</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/11/2025</u>	
Name & Address: WYLEA GRIGGS 5357 WYNDTREE LN SE KENTWOOD, MI 49548		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/11/2025</u>	
Name & Address: DEBORAH CLANTON 3135 E GATEHOUSE DR GRAND RAPIDS, MI 49546		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 450.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/12/2025</u>	
Name & Address: <b>TAMARA LOPEZ</b> <b>545 28TH ST SW</b> <b>WYOMING, MI 49509</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/13/2025</u>	
Name & Address: <b>TAMIKA FOSTER</b> <b>966 PEACHCREST CT NE</b> <b>GRAND RAPIDS, MI 49505</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/13/2025</u>	
Name & Address: <b>KRISTOFER PACHLA</b> <b>3012 HALL ST SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/13/2025</u>	
Name & Address: <b>DARLA BISHOP</b> <b>5664 WOODSTOCK DR</b> <b>LANSING, MI 48917</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **400.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/13/2025</u>	
Name & Address: <b>FABLE PRICE</b> 475 W LOVELL ST, 302 KALAMAZOO, MI 49007		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/13/2025</u>	
Name & Address: <b>TONISHA WADDELL</b> 528 ELLIOTT ST SE GRAND RAPIDS, MI 49507		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/13/2025</u>	
Name & Address: <b>CHERRELLE SINGLETON</b> 1926 WATERBURY DR SE GRAND RAPIDS, MI 49507		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/13/2025</u>	
Name & Address: <b>DEBORAH DIAZ</b> 913 FOURTH ST NW GRAND RAPIDS, MI 49504		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **145.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/13/2025</u>	
Name & Address: <b>AMAAD HARDY</b> <b>4785 KALAMAZOO AVE</b> <b>GRAND RAPIDS, MI 49508</b>		\$ <u>20.00</u>	\$ <u>20.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/14/2025</u>	
Name & Address: <b>BRANDON DILLON</b> <b>201 NORWOOD AVE SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>475.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MANAGING PARTNER</u> Employer <u>THE WINMATT GROUP</u> Business Address <u>101 N WASHINGTON SQUARE, #1400, LANSING, MI 48933</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/14/2025</u>	
Name & Address: <b>JAMAR MCDONALD</b> <b>3188 RIVERVIEW DR</b> <b>1B</b> <b>WALKER, MI 49544</b>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/14/2025</u>	
Name & Address: <b>JERMALE EDDIE</b> <b>1235 PROSPECT AVE SE</b> <b>GRAND RAPIDS, MI 49507</b>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **545.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/15/2025</u> Name & Address: <b>SHIRLEY BERGER</b> <b>2136 HYDE PARK</b> <b>DETROIT, MI 48307</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/15/2025</u> Name & Address: <b>CRYSTAL HARDLEY</b> <b>4257 KALAMAZOO AVE SE</b> <b>GRAND RAPIDS, MI 49508</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/15/2025</u> Name & Address: <b>VANESSA GREENE</b> <b>5939 BARCROFT DR SW</b> <b>GRANDVILLE, MI 49418</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/15/2025</u> Name & Address: <b>RICHARD MORGAN</b> <b>2049 MELVIN ST SW</b> <b>WYOMING, MI 49519</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **400.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/15/2025</u>	
Name & Address: KIMBERLY SLAIKEU 3115 RIDGES BEND UNIT 203 GRAND RAPIDS, MI 49546		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>09/15/2025</u>	
Name & Address: PHILPAC 2615 HALL ST SE GRAND RAPIDS, MI 49506		\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>09/16/2025</u>	
Name & Address: MICHIGAN REGIONAL COUNCIL OF CARPENTERS POLITICAL ACTION COMMITTEE 11687 AMERICAN AVE SUITE 200 DETROIT, MI 48204		\$ <u>2,000.00</u>	\$ <u>2,000.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/17/2025</u>	
Name & Address: RANDY SOUTHERN 2029 PLYMOUTH AVE SE GRAND RAPIDS, MI 49506		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **3,125.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/17/2025</u> Name & Address: <b>LISA RENE' NORRIS</b> <b>3942 CHAMBERLAIN AVE SE</b> <b>GRAND RAPIDS, MI 49508</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/17/2025</u> Name & Address: <b>ARLEN-DEAN GADDY</b> <b>1658 ROSEWOOD AVE SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/17/2025</u> Name & Address: <b>NANCY GREEN</b> <b>2431 FOREST HILL AVE SE</b> <b>#2104</b> <b>GRAND RAPIDS, MI 49546</b>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/18/2025</u> Name & Address: <b>APRIL RUIZ</b> <b>3325 BROOK TRAILS SE</b> <b>GRAND RAPIDS, MI 49508</b>		\$ <u>15.00</u>	\$ <u>15.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **715.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/18/2025</u>	
Name & Address: <b>ADRIANE JOHNSON</b> <b>624 BENJAMIN AVE SE</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/19/2025</u>	
Name & Address: <b>RAYNARD ROSS</b> <b>3810 KINGSWAY CT SE</b> <b>GRAND RAPIDS, MI 49508</b>		\$ <u>75.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/19/2025</u>	
Name & Address: <b>KAYLA MORGAN</b> <b>427 RUMSEY ST SW</b> <b>GRAND RAPIDS, MI 49503</b>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/19/2025</u>	
Name & Address: <b>PATRICK MILES</b> <b>2856 REEDS LAKE BLVD SE</b> <b>EAST GRAND RAPIDS, MI 49506</b>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			

Page Subtotal **175.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/19/2025</u>	
Name & Address: NICKOLAS WISMER 5882 LEISURE S DR SE GRAND RAPIDS, MI 49548		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/19/2025</u>	
Name & Address: SKOT WELCH 3754 BLAZING STAR ST SE KENTWOOD, MI 49512		\$ <u>250.00</u>	\$ <u>350.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>SELF EMPLOYED CONSULTANT</u> Employer <u>GLOBAL BRIDGEBUILDERS</u> Business Address <u>3754 BLAZING STAR ST SE, KENTWOOD, MI 49512</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/20/2025</u>	
Name & Address: NICOLE SCHARPHORN 143 DANIEL ST SE GRAND RAPIDS, MI 49507		\$ <u>35.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/21/2025</u>	
Name & Address: SHANELLE WHITE 172 S WEST ST LOWELL, MI 49331		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 360.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/23/2025</u>	
Name & Address: <b>RENARD JOHNSON</b> <b>3393 MESA VERDE CT SE</b> <b>KENTWOOD, MI 49512</b>		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>BONDSMAN</u> Employer <u>J&amp;J BAIL BONDS</u> Business Address <u>1940 EASTERN AVE SE, GRAND RAPIDS, MI 49507</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/23/2025</u>	
Name & Address: <b>RACHEL HOOD</b> <b>28 GUILD ST NE</b> <b>GRAND RAPIDS, MI 49505</b>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/24/2025</u>	
Name & Address: <b>MONIQUE COLLIER-JOHNSON</b> <b>3138 CHAMBERLAIN AVE SE</b> <b>GRAND RAPIDS, MI 49508</b>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>09/25/2025</u>	
Name & Address: <b>LATASHA BLACK</b> <b>2136 FOREST HILL AVE SE</b> <b>GRAND RAPIDS, MI 49546</b>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **625.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/27/2025</u> Name & Address: <b>JUSTIN SHELDON</b> <b>2202 NEW TOWN DR</b> <b>GRAND RAPIDS, MI 49525</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>COMMUNITY ORGANIZER</u> Employer <u>SELF EMPLOYED</u> Business Address <u>2202 NEW TOWN DR, GRAND RAPIDS, MI 49525</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/27/2025</u> Name & Address: <b>SHAN ABBAS</b> <b>2202 NEW TOWN DR NE</b> <b>GRAND RAPIDS, MI 49525</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>MEDICAL DOCTOR</u> Employer <u>SPECTRUM HEALTH MEDICAL GROUP</u> Business Address <u>100 MICHIGAN ST NE, GRAND RAPIDS, MI 49503</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3      PAC Receipt? <input checked="" type="checkbox"/> YES      4. Date of Receipt <u>09/27/2025</u> Name & Address: <b>MI RURAL PAC</b> <b>P.O. BOX 834</b> <b>MANISTEE, MI 49660</b>		\$ <u>250.00</u>	\$ <u>250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>09/28/2025</u> Name & Address: <b>RON DRAAYER</b> <b>2931 WILDFLOWER LN SE</b> <b>GRAND RAPIDS, MI 49512</b>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **850.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/02/2025</u> Name & Address: <b>MEOCHIA THOMPSON</b> <b>5410 EFFINGHAM DR SE</b> <b>GRAND RAPIDS, MI 49508</b>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/02/2025</u> Name & Address: <b>BARBARA VAN OSTENBERG</b> <b>2431 FOREST HILL AVE SE</b> <b>#1204</b> <b>GRAND RAPIDS, MI 49546</b>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/03/2025</u> Name & Address: <b>NICOLE SCHARPHORN</b> <b>143 DANIEL ST SE</b> <b>GRAND RAPIDS, MI 49507</b>		\$ <u>40.00</u>	\$ <u>115.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>OPERATIONS ANALYST</u> Employer <u>BROWN &amp; BROWN</u> Business Address <u>2851 CHARLEVOIX DR SE, SUITE 220, GRAND RAPIDS, MI 49546</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/04/2025</u> Name & Address: <b>JOHN CONSIDINE</b> <b>4286 GREENBRIER COURT SE</b> <b>GRAND RAPIDS, MI 49546</b>		\$ <u>15.00</u>	\$ <u>15.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **155.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/04/2025</u>	
Name & Address: CAROL TRIEBEL 2431 FOREST HILL AVE SE APT 1303 GRAND RAPIDS, MI 49546		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/06/2025</u>	
Name & Address: DEBRA REECE 4148 KENTRIDGE DR SE GRAND RAPIDS, MI 49508		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/06/2025</u>	
Name & Address: SAMIR KARADSHAH 3445 BRETON VALLEY DR SE GRAND RAPIDS, MI 49512		\$ <u>500.00</u>	\$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/08/2025</u>	
Name & Address: JEFFREY THOMAS 447 CEDAR ST NE GRAND RAPIDS, MI 49503		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal 800.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/10/2025</u>	
Name & Address: <b>KATE WOLTERS</b> 11307 OLD HARBOUR RD NORTH PALM BEACH, FL 33408		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/15/2025</u>	
Name & Address: <b>JOSHUA FERGUSON</b> 811 EMERALD AVE NE GRAND RAPIDS, MI 49503		\$ <u>1,225.00</u>	\$ <u>1,225.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>ORGANIZER</u> Employer <u>270 STRATEGIES</u> Business Address <u>207 E OHIO, CHICAGO, IL 60611</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/17/2025</u>	
Name & Address: <b>KATE WOLTERS</b> 11307 OLD HARBOUR RD NORTH PALM BEACH, FL 33408		\$ <u>500.00</u>	\$ <u>525.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/18/2025</u>	
Name & Address: <b>DANIEL HESSE</b> 117 KNAPP ST NE GRAND RAPIDS, MI 49505		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **1,850.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/18/2025</u>	
Name & Address: <b>DARLENE LEE</b> <b>1557 BELMAR DR SE</b> <b>GRAND RAPIDS, MI 49508</b>		\$ <u>25.00</u>	\$ <u>75.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/20/2025</u>	
Name & Address: <b>CONSTANCE LIGHTHALL</b> <b>11479 BOWERS DR NE</b> <b>LOWELL, MI 49331</b>		\$ <u>375.00</u>	\$ <u>375.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 3	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/22/2025</u>	
Name & Address: <b>JAMES E VAUGHN</b> <b>1288 CAMBRIDGE DR</b> <b>GRAND RAPIDS, MI 49506</b>		\$ <u>200.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>RETIRED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>10/24/2025</u>	
Name & Address: <b>SUGAR BOLEN</b> <b>60TH ST SE</b> <b>KENTWOOD, MI 49508</b>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal **625.00**

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

<small>Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.</small>		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/24/2025</u> Name & Address: <b>RON DRAAYER</b> <b>2931 WILDFLOWER LN SE</b> <b>GRAND RAPIDS, MI 49512</b>		\$ <u>100.00</u>	\$ <u>200.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>NOT EMPLOYED</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address _____		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2024200

## CANDIDATE COMMITTEE

2. Committee Name CITIZENS TO ELECT MONICA SPARKS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>KENNY JACKSON</b> <b>3907 KENTRIDGE DR SE</b> <b>GRAND RAPIDS, MI 49508</b> If over \$100.00 cumulative, please provide: Occupation: <b>RETIRED</b> Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>DECORATIONS AND FOOD FOR EVENT</u> 5. Date Of Receipt: <u>03/21/2025</u> 6. Vendor Name & Address:	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
<input checked="" type="checkbox"/> Fund Raiser Contribution			
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>KATHLEEN JACKSON</b> <b>3907 KENTRIDGE DR SE</b> <b>GRAND RAPIDS, MI 49508</b> If over \$100.00 cumulative, please provide: Occupation: <b>RETIRED</b> Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>FOOD FOR EVENT</u> 5. Date Of Receipt: <u>03/21/2025</u> 6. Vendor Name & Address:	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
<input checked="" type="checkbox"/> Fund Raiser Contribution			
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>ANDRE POSEY</b> <b>1018 WATKINS ST SE</b> <b>GRAND RAPIDS, MI 49507</b> If over \$100.00 cumulative, please provide: Occupation: <b>SELF-EMPLOYED</b> Employer Name & Address: <b>ANDRE POSEY</b> <b>1018 WATKINS ST SE,</b> <b>GRAND RAPIDS, MI 49507</b>	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>ENTERTAINMENT FOR EVENT</u> 5. Date Of Receipt: <u>03/21/2025</u> 6. Vendor Name & Address:	\$ <u>250.00</u>	\$ <u>250.00</u>
<input checked="" type="checkbox"/> Fund Raiser Contribution			

Page Subtotal **2,250.00** **0.00**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2024200

## CANDIDATE COMMITTEE

2. Committee Name CITIZENS TO ELECT MONICA SPARKS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>BRITTANY HENNING</b> <b>3122 FULLER AVE NE</b> <b>GRAND RAPIDS, MI 49505</b> If over \$100.00 cumulative, please provide: Occupation: <b>INSURANCE AGENT</b> Employer Name & Business Address: <b>FARMERS INSURANCE GROUP</b> <b>5665 N KRAFT LAKE DR,</b> <b>CALEDONIA, MI 49316</b> <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>EVENT SERVICES</b> 5. Date Of Receipt: <b>03/21/2025</b> 6. Vendor Name & Address: <b>MORENA'S EVENT VENUE</b> <b>4470 BRETON RD SE,</b> <b>KENTWOOD, MI 49508</b>	\$ <b>250.00</b>	\$ <b>250.00</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address:  If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description 5. Date Of Receipt: 6. Vendor Name & Address:  <a href="#">Click Here for Memo Itemization</a>	\$	\$
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b> If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b> Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b> <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>STAMPS</b> 5. Date Of Receipt: <b>03/31/2025</b> 6. Vendor Name & Address: <b>UNITED STATES POSTAL SERVICE</b> <b>1680 44TH ST SE,</b> <b>GRAND RAPIDS, MI 49508</b>	\$ <b>29.20</b>	\$ <b>5,112.99</b>

Page Subtotal

**279.20**

**250.00**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2024200

## CANDIDATE COMMITTEE

2. Committee Name CITIZENS TO ELECT MONICA SPARKS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b> <b>If over \$100.00 cumulative, please provide:</b> Occupation: <b>COUNTY COMMISSIONER</b> Employer Name & Business Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b> <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>CAMPAIGN POSTCARDS</b> 5. Date Of Receipt: <b>03/31/2025</b> 6. <b>Vendor Name &amp; Address:</b> <b>SWIFT PRINTING</b> <b>404 BRIDGE ST NW,</b> <b>GRAND RAPIDS, MI 49504</b>	\$ <b>121.13</b>	\$ <b>5,234.12</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address:   <b>If over \$100.00 cumulative, please provide:</b> Occupation: Employer Name & Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description 5. Date Of Receipt: 6. <b>Vendor Name &amp; Address:</b>	\$	\$
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b> <b>If over \$100.00 cumulative, please provide:</b> Occupation: <b>COUNTY COMMISSIONER</b> Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b> <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>CAMPAIGN BUSINESS CARDS</b> 5. Date Of Receipt: <b>04/04/2025</b> 6. <b>Vendor Name &amp; Address:</b> <b>SWIFT PRINTING</b> <b>404 BRIDGE ST NW,</b> <b>GRAND RAPIDS, MI 49504</b>	\$ <b>200.30</b>	\$ <b>7,390.42</b>

[Click Here for Memo Itemization](#)

Page Subtotal

**321.43**

**0.00**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2024200

## CANDIDATE COMMITTEE

2. Committee Name CITIZENS TO ELECT MONICA SPARKS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Business Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>FOOD FOR EVENT</b> 5. Date Of Receipt: <b>04/30/2025</b> 6. Vendor Name & Address: <b>GORDON FOOD SERVICE</b> <b>4990 CLAY AVE SW,</b> <b>GRAND RAPIDS, MI 49548</b>	\$ <b>104.38</b>	\$ <b>9,494.80</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>YARD SIGNS</b> 5. Date Of Receipt: <b>05/12/2025</b> 6. Vendor Name & Address: <b>ABBYS PRINTING</b> <b>3109 BROADMOOR AVE SE,</b> <b>GRAND RAPIDS, MI 49512</b>	\$ <b>296.80</b>	\$ <b>10,791.60</b>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>MAILING LABELS</b> 5. Date Of Receipt: <b>05/15/2025</b> 6. Vendor Name & Address: <b>FEDEX</b> <b>3614 28TH ST SE,</b> <b>KENTWOOD, MI 49512</b>	\$ <b>253.17</b>	\$ <b>11,044.77</b>

Page Subtotal **654.35** **0.00**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2024200

## CANDIDATE COMMITTEE

2. Committee Name CITIZENS TO ELECT MONICA SPARKS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Business Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>FOOD FOR EVENT</b> 5. Date Of Receipt: <b>05/16/2025</b> 6. Vendor Name & Address: <b>MEIJER</b> <b>5531 28TH ST SE,</b> <b>GRAND RAPIDS, MI 49512</b>	\$ <b>103.23</b>	\$ <b>11,148.00</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>STAMPS</b> 5. Date Of Receipt: <b>05/17/2025</b> 6. Vendor Name & Address: <b>UNITED STATES POSTAL SERVICE</b> <b>1680 44TH ST SE,</b> <b>WYOMING, MI 49508</b>	\$ <b>189.80</b>	\$ <b>11,837.80</b>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address:   If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:   <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description 5. Date Of Receipt: 6. Vendor Name & Address:  <a href="#">Click Here for Memo Itemization</a>	\$	\$

Page Subtotal **293.03** **0.00**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2024200

## CANDIDATE COMMITTEE

2. Committee Name CITIZENS TO ELECT MONICA SPARKS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Business Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>SIGNS</b> 5. Date Of Receipt: <b>05/22/2025</b> 6. Vendor Name & Address: <b>ABBYS PRINTING</b> <b>3109 BROADMOOR AVE SE,</b> <b>GRAND RAPIDS, MI 49512</b>	\$ <b>556.50</b>	\$ <b>12,394.30</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>CAMPAIGN LITERATURE</b> 5. Date Of Receipt: <b>05/28/2025</b> 6. Vendor Name & Address: <b>LAWSON PRINTERS</b> <b>685 W COLUMBIA AVE,</b> <b>BATTLE CREEK, MI 49015</b>	\$ <b>862.84</b>	\$ <b>14,102.14</b>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>FOOD FOR EVENT</b> 5. Date Of Receipt: <b>06/10/2025</b> 6. Vendor Name & Address: <b>SAM'S CLUB</b> <b>4326 28TH ST SE,</b> <b>GRAND RAPIDS, MI 49512</b>	\$ <b>274.25</b>	\$ <b>15,376.39</b>

Page Subtotal **1,693.59** **0.00**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2024200

## CANDIDATE COMMITTEE

2. Committee Name CITIZENS TO ELECT MONICA SPARKS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Business Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>FOOD FOR EVENT</u> 5. Date Of Receipt: <u>06/11/2025</u> 6. Vendor Name & Address: <b>GORDON FOOD SERVICE</b> <b>4990 CLAY AVE SW,</b> <b>GRAND RAPIDS, MI 49548</b>	\$ <b>52.99</b>	\$ <b>15,429.38</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>FOOD FOR EVENT</u> 5. Date Of Receipt: <u>06/11/2025</u> 6. Vendor Name & Address: <b>WALMART</b> <b>355 54TH ST SW,</b> <b>GRAND RAPIDS, MI 49548</b>	\$ <b>5.70</b>	\$ <b>15,435.08</b>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>FOOD FOR EVENT</u> 5. Date Of Receipt: <u>06/11/2025</u> 6. Vendor Name & Address: <b>DAILY DEALS FOOD OUTLET</b> <b>5487 DIVISION AVE S,</b> <b>GRAND RAPIDS, MI 49548</b>	\$ <b>4.99</b>	\$ <b>15,440.07</b>

Page Subtotal **63.68** **0.00**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2024200

### CANDIDATE COMMITTEE

2. Committee Name CITIZENS TO ELECT MONICA SPARKS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Business Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>RENT</b> 5. Date Of Receipt: <b>06/16/2025</b> 6. Vendor Name & Address: <b>JACK VOSS</b> <b>4835 EASTERN AVE SE,</b> <b>KENTWOOD, MI 49508</b>	\$ <b>500.00</b>	\$ <b>16,440.07</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>STAMPS</b> 5. Date Of Receipt: <b>06/28/2025</b> 6. Vendor Name & Address: <b>UNITED STATES POSTAL SERVICE</b> <b>1680 44TH ST SE,</b> <b>GRAND RAPIDS, MI 49508</b>	\$ <b>146.00</b>	\$ <b>17,586.07</b>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>CAMPAIGN LITERATURE</b> 5. Date Of Receipt: <b>06/30/2025</b> 6. Vendor Name & Address: <b>SWIFT PRINTING</b> <b>404 BRIDGE ST NW,</b> <b>GRAND RAPIDS, MI 49504</b>	\$ <b>263.36</b>	\$ <b>17,849.43</b>
Page Subtotal		<b>909.36</b>	<b>0.00</b>

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2024200

## CANDIDATE COMMITTEE

2. Committee Name CITIZENS TO ELECT MONICA SPARKS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TODD HARRIS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Business Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>CAMPAIGN EVENT SUPPLIES</b> 5. Date Of Receipt: <b>07/02/2025</b> 6. Vendor Name & Address: <b>PET SUPPLIES PLUS</b> <b>1843 MARKETPLACE DR SE,</b> <b>CALEDONIA, MI 49316</b>	\$ <b>15.88</b>	\$ <b>15.88</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>MAILING LABELS</b> 5. Date Of Receipt: <b>07/03/2025</b> 6. Vendor Name & Address: <b>FEDEX</b> <b>3614 28TH ST SE,</b> <b>KENTWOOD, MI 49512</b>	\$ <b>19.82</b>	\$ <b>17,869.25</b>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>CAMPAIGN EVENT SUPPLIES</b> 5. Date Of Receipt: <b>07/03/2025</b> 6. Vendor Name & Address: <b>GODWIN HARDWARE AND PLUMBING</b> <b>3703 DIVISION AVE S,</b> <b>GRAND RAPIDS, MI 49548</b>	\$ <b>41.80</b>	\$ <b>17,911.05</b>

Page Subtotal

**77.50**

**15.88**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2024200

## CANDIDATE COMMITTEE

2. Committee Name CITIZENS TO ELECT MONICA SPARKS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b> <b>If over \$100.00 cumulative, please provide:</b> Occupation: <b>COUNTY COMMISSIONER</b> Employer Name & Business Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b> <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>CAMPAIGN EVENT SUPPLIES</b> 5. Date Of Receipt: <b>07/03/2025</b> 6. <b>Vendor Name &amp; Address:</b> <b>GODWIN HARDWARE AND PLUMBING</b> <b>3703 DIVISION AVE S,</b> <b>GRAND RAPIDS, MI 49548</b>	\$ <b>26.49</b>	\$ <b>17,937.54</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>COMFORT LOVE</b> <b>2038 CYPRESS ST SW</b> <b>WYOMING, MI 49519</b> <b>If over \$100.00 cumulative, please provide:</b> Occupation: <b>SELF EMPLOYED, BUSINESS OWNER</b> Employer Name & Address: <b>COMFORT AND ADAM</b> <b>2038 CYPRESS ST SW,</b> <b>WYOMING, MI 49519</b> <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>EVENT SUPPLIES</b> 5. Date Of Receipt: <b>07/04/2025</b> 6. <b>Vendor Name &amp; Address:</b>	\$ <b>250.00</b>	\$ <b>250.00</b>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b> <b>If over \$100.00 cumulative, please provide:</b> Occupation: <b>COUNTY COMMISSIONER</b> Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b> <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>RENT</b> 5. Date Of Receipt: <b>07/08/2025</b> 6. <b>Vendor Name &amp; Address:</b> <b>JACK VOSS</b> <b>4835 EASTERN AVE SE,</b> <b>KENTWOOD, MI 49508</b>	\$ <b>500.00</b>	\$ <b>18,937.54</b>

Page Subtotal **776.49** **250.00**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2024200

## CANDIDATE COMMITTEE

2. Committee Name CITIZENS TO ELECT MONICA SPARKS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Business Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u><b>DIGITAL ADVERTISEMENT</b></u> 5. Date Of Receipt: <u><b>07/14/2025</b></u> 6. Vendor Name & Address: <b>META PLATFORMS, INC</b> <b>1 META WY,</b> <b>MENLO PARK, CA 94025</b>	\$ <b>124.00</b>	\$ <b>19,561.54</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u><b>MAILING LABELS</b></u> 5. Date Of Receipt: <u><b>07/15/2025</b></u> 6. Vendor Name & Address: <b>FEDEX</b> <b>3614 28TH ST SE,</b> <b>KENTWOOD, MI 49512</b>	\$ <b>34.03</b>	\$ <b>19,595.57</b>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u><b>FOOD FOR EVENT</b></u> 5. Date Of Receipt: <u><b>07/18/2025</b></u> 6. Vendor Name & Address: <b>GORDON FOOD SERVICE</b> <b>7434 COTTONWOOD DR,</b> <b>JENISON, MI 49428</b>	\$ <b>99.62</b>	\$ <b>19,695.19</b>

Page Subtotal **257.65** **0.00**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2024200

## CANDIDATE COMMITTEE

2. Committee Name CITIZENS TO ELECT MONICA SPARKS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Business Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>MARKETING</b> 5. Date Of Receipt: <b>03/01/2025</b> 6. Vendor Name & Address: <b>THE BIN TARAKI GROUP</b> <b>MUDAFSA SABANTOLA RD,</b> <b>TONGI GAZIPUR, BD 1711</b>	\$ <b>2,500.00</b>	\$ <b>2,520.00</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>STAFF PAY</b> 5. Date Of Receipt: <b>03/07/2025</b> 6. Vendor Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE,</b> <b>KENTWOOD, MI 49508</b>	\$ <b>500.00</b>	\$ <b>3,040.00</b>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>PRINTING</b> 5. Date Of Receipt: <b>03/13/2025</b> 6. Vendor Name & Address: <b>SWIFT PRINTING</b> <b>404 BRIDGE ST NW,</b> <b>GRAND RAPIDS, MI 49504</b>	\$ <b>543.79</b>	\$ <b>3,583.79</b>

Page Subtotal **3,543.79** **0.00**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2024200

## CANDIDATE COMMITTEE

2. Committee Name CITIZENS TO ELECT MONICA SPARKS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Business Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>STAFF PAY</b> 5. Date Of Receipt: <b>03/14/2025</b> 6. Vendor Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE,</b> <b>KENTWOOD, MI 49508</b>	\$ <b>500.00</b>	\$ <b>4,083.79</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>STAFF PAY</b> 5. Date Of Receipt: <b>03/21/2025</b> 6. Vendor Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE,</b> <b>KENTWOOD, MI 49508</b>	\$ <b>500.00</b>	\$ <b>4,583.79</b>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>BRITNEY HOSKINS</b> <b>42060 TWINING DR</b> <b>STERLING HEIGHTS, MI 48313</b>  If over \$100.00 cumulative, please provide: Occupation: <b>BUSINESS OWNER</b>  Employer Name & Address: <b>MORENAS EVENT VENUE</b> <b>4470 BRETON RD SE,</b> <b>KENTWOOD, MI 49508</b>  <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>VENUE PAYMENT CONTRIBUTION</b> 5. Date Of Receipt: <b>03/21/2025</b> 6. Vendor Name & Address: <b>MORENAS EVENT VENUE</b> <b>4470 BRETON RD SE,</b> <b>KENTWOOD, MI 49508</b>	\$ <b>1,200.00</b>	\$ <b>1,200.00</b>

Page Subtotal **2,200.00** **1,200.00**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2024200

## CANDIDATE COMMITTEE

2. Committee Name CITIZENS TO ELECT MONICA SPARKS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Business Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>STAFF PAY</b> 5. Date Of Receipt: <b>03/28/2025</b> 6. Vendor Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE,</b> <b>KENTWOOD, MI 49508</b>	\$ <b>500.00</b>	\$ <b>5,083.79</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>PRINTING</b> 5. Date Of Receipt: <b>04/01/2025</b> 6. Vendor Name & Address: <b>ABBY'S PRINTING</b> <b>3109 BROADMOOR AVE SE,</b> <b>GRAND RAPIDS, MI 49512</b>	\$ <b>1,956.00</b>	\$ <b>7,190.12</b>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>STAFF PAY</b> 5. Date Of Receipt: <b>04/04/2025</b> 6. Vendor Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE,</b> <b>KENTWOOD, MI 49508</b>	\$ <b>500.00</b>	\$ <b>7,890.42</b>

Page Subtotal **2,956.00** **0.00**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2024200

## CANDIDATE COMMITTEE

2. Committee Name CITIZENS TO ELECT MONICA SPARKS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Business Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>STAFF PAY</b> 5. Date Of Receipt: <b>04/11/2025</b> 6. Vendor Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE,</b> <b>KENTWOOD, MI 49508</b>	\$ <b>500.00</b>	\$ <b>8,390.42</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>STAFF PAY</b> 5. Date Of Receipt: <b>04/18/2025</b> 6. Vendor Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE,</b> <b>KENTWOOD, MI 49508</b>	\$ <b>500.00</b>	\$ <b>8,890.42</b>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>STAFF PAY</b> 5. Date Of Receipt: <b>04/25/2025</b> 6. Vendor Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE,</b> <b>KENTWOOD, MI 49508</b>	\$ <b>500.00</b>	\$ <b>9,390.42</b>

Page Subtotal      **1,500.00**      **0.00**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2024200

## CANDIDATE COMMITTEE

2. Committee Name CITIZENS TO ELECT MONICA SPARKS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Business Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>STAFF PAY</b> 5. Date Of Receipt: <b>05/02/2025</b> 6. Vendor Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE,</b> <b>KENTWOOD, MI 49508</b>	\$ <b>500.00</b>	\$ <b>9,994.80</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>STAFF PAY</b> 5. Date Of Receipt: <b>05/09/2025</b> 6. Vendor Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE,</b> <b>KENTWOOD, MI 49508</b>	\$ <b>500.00</b>	\$ <b>10,494.80</b>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>STAFF PAY</b> 5. Date Of Receipt: <b>05/16/2025</b> 6. Vendor Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE,</b> <b>KENTWOOD, MI 49508</b>	\$ <b>500.00</b>	\$ <b>11,648.00</b>

Page Subtotal **1,500.00** **0.00**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2024200

## CANDIDATE COMMITTEE

2. Committee Name CITIZENS TO ELECT MONICA SPARKS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Business Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>STAFF PAY</b> 5. Date Of Receipt: <b>05/23/2025</b> 6. Vendor Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE,</b> <b>KENTWOOD, MI 49508</b>	\$ <b>500.00</b>	\$ <b>12,894.30</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>DRINK FOR EVENT</b> 5. Date Of Receipt: <b>05/24/2025</b> 6. Vendor Name & Address: <b>CAFE BOBA</b> <b>4314 DIVISION AVE S,</b> <b>GRAND RAPIDS, MI 49548</b>	\$ <b>345.00</b>	\$ <b>13,239.30</b>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>STAFF PAY</b> 5. Date Of Receipt: <b>05/30/2025</b> 6. Vendor Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE,</b> <b>KENTWOOD, MI 49508</b>	\$ <b>500.00</b>	\$ <b>14,602.14</b>

Page Subtotal **1,345.00** **0.00**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2024200

## CANDIDATE COMMITTEE

2. Committee Name CITIZENS TO ELECT MONICA SPARKS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Business Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>STAFF PAY</b> 5. Date Of Receipt: <b>06/06/2025</b> 6. Vendor Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE,</b> <b>KENTWOOD, MI 49508</b>	\$ <b>500.00</b>	\$ <b>15,102.14</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>STAFF PAY</b> 5. Date Of Receipt: <b>06/13/2025</b> 6. Vendor Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE,</b> <b>KENTWOOD, MI 49508</b>	\$ <b>500.00</b>	\$ <b>15,940.07</b>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>STAFF PAY</b> 5. Date Of Receipt: <b>06/20/2025</b> 6. Vendor Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE,</b> <b>KENTWOOD, MI 49508</b>	\$ <b>500.00</b>	\$ <b>16,940.07</b>

Page Subtotal **1,500.00** **0.00**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2024200

## CANDIDATE COMMITTEE

2. Committee Name CITIZENS TO ELECT MONICA SPARKS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Business Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>STAFF PAY</b> 5. Date Of Receipt: <b>06/27/2025</b> 6. Vendor Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE,</b> <b>KENTWOOD, MI 49508</b>	\$ <b>500.00</b>	\$ <b>17,440.07</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>STAFF PAY</b> 5. Date Of Receipt: <b>07/04/2025</b> 6. Vendor Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE,</b> <b>KENTWOOD, MI 49508</b>	\$ <b>500.00</b>	\$ <b>18,437.54</b>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>STAFF PAY</b> 5. Date Of Receipt: <b>07/12/2025</b> 6. Vendor Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE,</b> <b>KENTWOOD, MI 49508</b>	\$ <b>500.00</b>	\$ <b>19,437.54</b>

Page Subtotal **1,500.00** **0.00**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2024200

## CANDIDATE COMMITTEE

2. Committee Name CITIZENS TO ELECT MONICA SPARKS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Business Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>STAFF PAY</b> 5. Date Of Receipt: <b>07/18/2025</b> 6. Vendor Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE,</b> <b>KENTWOOD, MI 49508</b>	\$ <b>500.00</b>	\$ <b>20,195.19</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>EVENT SUPPLIES</b> 5. Date Of Receipt: <b>07/21/2025</b> 6. Vendor Name & Address: <b>KENTWOOD RENTAL, INC</b> <b>745 44TH ST SE,</b> <b>KENTWOOD, MI 49548</b>	\$ <b>25.40</b>	\$ <b>20,220.59</b>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>STAFF PAY</b> 5. Date Of Receipt: <b>07/25/2025</b> 6. Vendor Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE,</b> <b>KENTWOOD, MI 49508</b>	\$ <b>500.00</b>	\$ <b>20,720.59</b>

Page Subtotal

**1,025.40**

**0.00**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2024200

## CANDIDATE COMMITTEE

2. Committee Name CITIZENS TO ELECT MONICA SPARKS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Business Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>STAFF PAY</b> 5. Date Of Receipt: <b>07/29/2025</b> 6. Vendor Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE,</b> <b>KENTWOOD, MI 49508</b>	\$ <b>500.00</b>	\$ <b>21,220.59</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>RENT</b> 5. Date Of Receipt: <b>08/03/2025</b> 6. Vendor Name & Address: <b>JACK VOSS</b> <b>4835 EASTERN AVE SE,</b> <b>KENTWOOD, MI 49508</b>	\$ <b>500.00</b>	\$ <b>21,720.59</b>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>DRINKS FOR EVENT</b> 5. Date Of Receipt: <b>08/07/2025</b> 6. Vendor Name & Address: <b>BAILEYS GROVE BEVERAGES</b> <b>3866 52ND ST SE,</b> <b>KENTWOOD, MI 49512</b>	\$ <b>63.59</b>	\$ <b>21,784.18</b>

Page Subtotal **1,063.59** **0.00**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2024200

## CANDIDATE COMMITTEE

2. Committee Name CITIZENS TO ELECT MONICA SPARKS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>KENNY JACKSON</b> <b>4851 FULLER AVE SE</b> <b>GRAND RAPIDS, MI 49508</b> If over \$100.00 cumulative, please provide: Occupation: <b>RETIRED</b> Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>FOOD FOR EVENT</u> 5. Date Of Receipt: <u>08/07/2025</u> 6. Vendor Name & Address:	\$ <u>200.00</u>	\$ <u>1,200.00</u>
<input checked="" type="checkbox"/> Fund Raiser Contribution			
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MICHELLE JOHNSON-COVINGTON</b> <b>5898 EAST LYN HAVEN DR SE</b> <b>KENTWOOD, MI 49512</b> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>EVENT VENUE CONTRIBUTION</u> 5. Date Of Receipt: <u>08/07/2025</u> 6. Vendor Name & Address: <b>BAILEYS GROVE CLUBHOUSE</b> <b>5353 BAILEY GROVE DR,</b> <b>KENTWOOD, MI 49512</b>	\$ <u>50.00</u>	\$ <u>50.00</u>
<input checked="" type="checkbox"/> Fund Raiser Contribution			
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>KRISTIAN GRANT</b> <b>PO BOX 7343</b> <b>GRAND RAPIDS, MI 49510</b> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>EVENT VENUE CONTRIBUTION</u> 5. Date Of Receipt: <u>08/07/2025</u> 6. Vendor Name & Address: <b>BAILEYS GROVE CLUBHOUSE</b> <b>5353 BAILEY GROVE DR,</b> <b>KENTWOOD, MI 49512</b>	\$ <u>50.00</u>	\$ <u>50.00</u>
<input checked="" type="checkbox"/> Fund Raiser Contribution			

Page Subtotal **300.00** **1,300.00**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2024200

## CANDIDATE COMMITTEE

2. Committee Name CITIZENS TO ELECT MONICA SPARKS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>LISA KNIGHT</b> <b>3260 CHENEY AVE NE</b> <b>GRAND RAPIDS, MI 49525</b> If over \$100.00 cumulative, please provide: Occupation:  Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>EVENT VENUE CONTRIBUTION</u> 5. Date Of Receipt: <u>08/07/2025</u> 6. Vendor Name & Address: <b>BAILEYS GROVE CLUBHOUSE</b> <b>5353 BAILEY GROVE DR,</b> <b>KENTWOOD, MI 49512</b>	\$ <u>50.00</u>	\$ <u>50.00</u>
<input checked="" type="checkbox"/> Fund Raiser Contribution			
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b> If over \$100.00 cumulative, please provide: Occupation: <u>COUNTY COMMISSIONER</u> Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>STAFF PAY</u> 5. Date Of Receipt: <u>08/08/2025</u> 6. Vendor Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE,</b> <b>KENTWOOD, MI 49508</b>	\$ <u>500.00</u>	\$ <u>22,284.18</u>
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b> If over \$100.00 cumulative, please provide: Occupation: <u>COUNTY COMMISSIONER</u> Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>MAILING LABELS</u> 5. Date Of Receipt: <u>08/15/2025</u> 6. Vendor Name & Address: <b>FEDEX</b> <b>3614 28TH ST SE,</b> <b>GRAND RAPIDS, MI 49512</b>	\$ <u>76.70</u>	\$ <u>22,360.88</u>
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal **626.70** **50.00**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2024200

## CANDIDATE COMMITTEE

2. Committee Name CITIZENS TO ELECT MONICA SPARKS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>ANDRE POSEY</b> 1018 WATKINS ST SE GRAND RAPIDS, MI 49507  If over \$100.00 cumulative, please provide: Occupation: <b>SELF-EMPLOYED</b>  Employer Name & Business Address: <b>ANDRE POSEY</b> 1018 WATKINS ST SE, GRAND RAPIDS, MI 49507  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>MARKETING</u> 5. Date Of Receipt: <u>08/15/2025</u> 6. Vendor Name & Address: <b>ANDRE POSEY</b> 1018 WATKINS ST SE, GRAND RAPIDS, MI 49507	\$ <u>100.00</u>	\$ <u>350.00</u>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> 4768 SUMMER CREEK LN SE KENTWOOD, MI 49508  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> 300 MONROE AVE NW, GRAND RAPIDS, MI 49503  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>STAMPS</u> 5. Date Of Receipt: <u>08/20/2025</u> 6. Vendor Name & Address: <b>UNITED STATES POSTAL SERVICE</b> 1680 44TH ST SE, GRAND RAPIDS, MI 49508	\$ <u>61.00</u>	\$ <u>22,421.88</u>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> 4768 SUMMER CREEK LN SE KENTWOOD, MI 49508  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> 300 MONROE AVE NW, GRAND RAPIDS, MI 49503  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>YARD SIGN SUPPLIES</u> 5. Date Of Receipt: <u>08/28/2025</u> 6. Vendor Name & Address: <b>LOWES</b> 3330 28TH ST SE, KENTWOOD, MI 49512	\$ <u>225.00</u>	\$ <u>22,646.88</u>

Page Subtotal

**386.00**

**0.00**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2024200

## CANDIDATE COMMITTEE

2. Committee Name CITIZENS TO ELECT MONICA SPARKS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Business Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>LABELS</b> 5. Date Of Receipt: <b>08/28/2025</b> 6. Vendor Name & Address: <b>FEDEX</b> <b>3614 28TH ST SE,</b> <b>GRAND RAPIDS, MI 49512</b>	\$ <b>9.50</b>	\$ <b>22,656.38</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>FOOD FOR EVENT</b> 5. Date Of Receipt: <b>08/29/2025</b> 6. Vendor Name & Address: <b>LA PATRONA SUPERMARKET</b> <b>4830 DIVISION AVE SE,</b> <b>KENTWOOD, MI 49548</b>	\$ <b>77.29</b>	\$ <b>22,733.67</b>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>BRENDA MATHEWS</b> <b>2088 EASTCASTLE DR SE</b> <b>APT AA-9</b> <b>GRAND RAPIDS, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>RETIRED</b>  Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>BIG SIGNS</b> 5. Date Of Receipt: <b>09/03/2025</b> 6. Vendor Name & Address: <b>BRENDA MATHEWS</b> <b>2088 EASTCASTLE DR SE,</b> <b>APT AA-9,</b> <b>GRAND RAPIDS, MI 49508</b>	\$ <b>600.00</b>	\$ <b>700.00</b>

Page Subtotal **686.79** **700.00**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2024200

## CANDIDATE COMMITTEE

2. Committee Name CITIZENS TO ELECT MONICA SPARKS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Business Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>RENT</b> 5. Date Of Receipt: <b>09/05/2025</b> 6. Vendor Name & Address: <b>JACK VOSS</b> <b>4835 EASTERN AVE SE,</b> <b>KENTWOOD, MI 49508</b>	\$ <b>500.00</b>	\$ <b>23,233.67</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>KATHLEEN JACKSON</b> <b>4851 FULLER AVE SE</b> <b>GRAND RAPIDS, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>RETIRED</b>  Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>EVENT SUPPLIES</b> 5. Date Of Receipt: <b>09/05/2025</b> 6. Vendor Name & Address:	\$ <b>100.00</b>	\$ <b>1,100.00</b>
<input checked="" type="checkbox"/> Fund Raiser Contribution			
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>ANDRE POSEY</b> <b>1018 WATKINS ST SE</b> <b>GRAND RAPIDS, MI 49507</b>  If over \$100.00 cumulative, please provide: Occupation: <b>SELF-EMPLOYED</b>  Employer Name & Address: <b>ANDRE POSEY</b> <b>1018 WATKINS ST SE,</b> <b>GRAND RAPIDS, MI 49507</b>  <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>ENTERTAINMENT FOR EVENT</b> 5. Date Of Receipt: <b>09/06/2025</b> 6. Vendor Name & Address:	\$ <b>250.00</b>	\$ <b>600.00</b>

Page Subtotal **850.00** **1,700.00**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2024200

## CANDIDATE COMMITTEE

2. Committee Name CITIZENS TO ELECT MONICA SPARKS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: LONNIE POLK 2156 SANDY SHORE DR SE APT 102 GRAND RAPIDS, MI 49508 If over \$100.00 cumulative, please provide: Occupation: INDEPENDENT CONTRACTOR Employer Name & Business Address: LASER SPEC INSPECTIONS 500 REED ST, BELDING, MI 48809 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>FOOD FOR EVENT</u> 5. Date Of Receipt: <u>09/06/2025</u> 6. Vendor Name & Address:	\$ <u>780.12</u>	\$ <u>880.12</u>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: MONICA SPARKS 4768 SUMMER CREEK LN SE KENTWOOD, MI 49508 If over \$100.00 cumulative, please provide: Occupation: COUNTY COMMISSIONER Employer Name & Address: KENT COUNTY 300 MONROE AVE NW, GRAND RAPIDS, MI 49503 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>EVENT SUPPLIES</u> 5. Date Of Receipt: <u>09/08/2025</u> 6. Vendor Name & Address: KENTWOOD RENTAL, INC. 745 44TH ST SE, KENTWOOD, MI 49548	\$ <u>26.50</u>	\$ <u>23,260.17</u>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: KATHLEEN BARNHOUSE 4851 FULLER AVE SE KENTWOOD, MI 49508 If over \$100.00 cumulative, please provide: Occupation: RETIRED Employer Name & Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>STAMPS</u> 5. Date Of Receipt: <u>09/09/2025</u> 6. Vendor Name & Address: UNITED STATES POSTAL SERVICE 1680 44TH ST SE, GRAND RAPIDS, MI 49508	\$ <u>61.00</u>	\$ <u>111.00</u>

Page Subtotal 867.62 880.12

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2024200

## CANDIDATE COMMITTEE

2. Committee Name CITIZENS TO ELECT MONICA SPARKS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Business Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>EVENT SUPPLIES</b> 5. Date Of Receipt: <b>09/10/2025</b> 6. Vendor Name & Address: <b>STAPLES</b> <b>5110 28TH ST SE,</b> <b>GRAND RAPIDS, MI 49512</b>	\$ <b>42.39</b>	\$ <b>23,302.56</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>FRANTHEA PRICE</b> <b>695 BRITTANY CT SE</b> <b>GRAND RAPIDS, MI 49548</b>  If over \$100.00 cumulative, please provide: Occupation: <b>NOT EMPLOYED</b>  Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>STAKES</b> 5. Date Of Receipt: <b>09/11/2025</b> 6. Vendor Name & Address: <b>ACE HARDWARE</b> <b>31 44TH ST SW,</b> <b>GRAND RAPIDS, MI 49548</b>	\$ <b>84.72</b>	\$ <b>584.72</b>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>FOOD FOR EVENT</b> 5. Date Of Receipt: <b>09/11/2025</b> 6. Vendor Name & Address: <b>GORDON FOOD SERVICE</b> <b>4990 CLAY AVE,</b> <b>GRAND RAPIDS, MI 49548</b>	\$ <b>31.22</b>	\$ <b>23,333.78</b>

Page Subtotal **158.33** **584.72**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2024200

## CANDIDATE COMMITTEE

2. Committee Name CITIZENS TO ELECT MONICA SPARKS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Business Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>DRINK FOR EVENT</b> 5. Date Of Receipt: <b>09/17/2025</b> 6. Vendor Name & Address: <b>TOTAL WINE &amp; MORE</b> <b>4923 28TH ST SE,</b> <b>GRAND RAPIDS, MI 49546</b>	\$ <b>88.23</b>	\$ <b>23,422.01</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>TYLER HARRIS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>CUSTOMER SERVICE REPRESENTATIVE</b>  Employer Name & Address: <b>BODY SCULPT, BETTER BODY MED</b> <b>SPA</b> <b>3099 BROADMOOR AVE SE,</b> <b>KENTWOOD, MI 49512</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>YARD SIGN STAKES</b> 5. Date Of Receipt: <b>09/17/2025</b> 6. Vendor Name & Address: <b>TYLER HARRIS</b> <b>4768 SUMMER CREEK LN SE,</b> <b>KENTWOOD, MI 49508</b>	\$ <b>100.00</b>	\$ <b>100.00</b>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>MONICA SPARKS</b> <b>4768 SUMMER CREEK LN SE</b> <b>KENTWOOD, MI 49508</b>  If over \$100.00 cumulative, please provide: Occupation: <b>COUNTY COMMISSIONER</b>  Employer Name & Address: <b>KENT COUNTY</b> <b>300 MONROE AVE NW,</b> <b>GRAND RAPIDS, MI 49503</b>  <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>EVENT SUPPLIES</b> 5. Date Of Receipt: <b>09/19/2025</b> 6. Vendor Name & Address: <b>KENTWOOD RENTAL, INC</b> <b>745 44TH ST SE,</b> <b>KENTWOOD, MI 49548</b>	\$ <b>146.28</b>	\$ <b>23,568.29</b>

Page Subtotal

**334.51**

**100.00**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2024200

## CANDIDATE COMMITTEE

2. Committee Name CITIZENS TO ELECT MONICA SPARKS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: SHARDAIRA JONES 183 BALDWIN ST A MAPLEWOOD, MI 49428 If over \$100.00 cumulative, please provide: Occupation: <b>BUSINESS OWNER</b> Employer Name & Business Address: REV - REVITALIZE 125 OTTAWA AVE SW, GRAND RAPIDS, MI 49503 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>EVENT VENUE AND DRINK CONTRIBUTION</u> 5. Date Of Receipt: <u>09/19/2025</u> 6. Vendor Name & Address:	\$ <u>600.00</u>	\$ <u>600.00</u>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: MICHAEL BUXTON 1721 MADISON AVE SE GRAND RAPIDS, MI 49507 If over \$100.00 cumulative, please provide: Occupation: <b>OWNER</b> Employer Name & Address: T.M.G. PROMOTIONS 1721 MADISON AVE SE, GRAND RAPIDS, MI 49507 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input checked="" type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>MARKETING</u> 5. Date Of Receipt: <u>09/19/2025</u> 6. Vendor Name & Address:	\$ <u>1,000.00</u>	\$ <u>1,000.00</u>
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: LATARRO TRAYLOR 869 WOOLSEY DR SW GRAND RAPIDS, MI 49503 If over \$100.00 cumulative, please provide: Occupation: <b>ATTORNEY</b> Employer Name & Address: SANKOFA LAW PLC 869 WOOLSEY DR SW, GRAND RAPIDS, MI 49503 <input checked="" type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>FOOD FOR EVENT</u> 5. Date Of Receipt: <u>09/19/2025</u> 6. Vendor Name & Address:	\$ <u>500.00</u>	\$ <u>500.00</u>

Page Subtotal 2,100.00 2,100.00

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2024200

## CANDIDATE COMMITTEE

2. Committee Name CITIZENS TO ELECT MONICA SPARKS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>KATHLEEN BARNHOUSE</b> <b>4851 FULLER AVE SE</b> <b>KENTWOOD, MI 49508</b> <b>If over \$100.00 cumulative, please provide:</b> Occupation: <b>RETIRED</b> Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>EVENT SUPPLIES</u> 5. Date Of Receipt: <u>09/24/2025</u> 6. <b>Vendor Name &amp; Address:</b> <b>STAPLES</b> <b>5110 28TH ST SE,</b> <b>GRAND RAPIDS, MI 49512</b>	\$ <u>16.99</u>	\$ <u>127.99</u>
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>KATHLEEN BARNHOUSE</b> <b>4851 FULLER AVE SE</b> <b>KENTWOOD, MI 49508</b> <b>If over \$100.00 cumulative, please provide:</b> Occupation: <b>RETIRED</b> Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>EVENT SUPPLIES</u> 5. Date Of Receipt: <u>09/25/2025</u> 6. <b>Vendor Name &amp; Address:</b> <b>STAPLES</b> <b>5110 28TH ST SE,</b> <b>GRAND RAPIDS, MI 49512</b>	\$ <u>33.98</u>	\$ <u>161.97</u>
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>KATHLEEN BARNHOUSE</b> <b>4851 FULLER AVE SE</b> <b>KENTWOOD, MI 49508</b> <b>If over \$100.00 cumulative, please provide:</b> Occupation: <b>RETIRED</b> Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>STAMPS</u> 5. Date Of Receipt: <u>10/03/2025</u> 6. <b>Vendor Name &amp; Address:</b> <b>UNITED STATES POSTAL SERVICE</b> <b>1680 44TH ST SE,</b> <b>GRAND RAPIDS, MI 49508</b>	\$ <u>61.00</u>	\$ <u>222.97</u>
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal

**111.97**

**222.97**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

### CANDIDATE COMMITTEE

1. Committee I. D. Number 2024200  
2. Committee Name CITIZENS TO ELECT MONICA SPARKS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: NANCY GREEN 2431 FOREST HILL AVE SE APT 2104 GRAND RAPIDS, MI 49546 <b>If over \$100.00 cumulative, please provide:</b> Occupation: <b>RETIRED</b> Employer Name & Business Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>FOOD FOR EVENT</u> 5. Date Of Receipt: <u>10/03/2025</u> 6. <b>Vendor Name &amp; Address:</b>	\$ <u>399.00</u>	\$ <u>399.00</u>
<input type="checkbox"/> Fund Raiser Contribution			
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address: PHILPAC 2615 HALL ST SE GRAND RAPIDS, MI 49506 <b>If over \$100.00 cumulative, please provide:</b> Occupation: Employer Name & Address:	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>FOOD FOR EVENT CONTRIBUTION</u> 5. Date Of Receipt: <u>10/07/2025</u> 6. <b>Vendor Name &amp; Address:</b> THE CANDIED YAM 932 DIVISION AVE S, GRAND RAPIDS, MI 49507	\$ <u>100.00</u>	\$ <u>1,100.00</u>
<input type="checkbox"/> Fund Raiser Contribution			
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address: MONICA SPARKS 4768 SUMMER CREEK LN SE KENTWOOD, MI 49508 <b>If over \$100.00 cumulative, please provide:</b> Occupation: COUNTY COMMISSIONER Employer Name & Address: KENT COUNTY 300 MONROE AVE NW, GRAND RAPIDS, MI 49503	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input checked="" type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <u>RENT</u> 5. Date Of Receipt: <u>10/13/2025</u> 6. <b>Vendor Name &amp; Address:</b> JACK VOSS 4835 EASTERN AVE SE, KENTWOOD, MI 49508	\$ <u>500.00</u>	\$ <u>24,068.29</u>
<input type="checkbox"/> Fund Raiser Contribution			

Page Subtotal **999.00** **25,567.29**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

Enter this total  
on line 6 of Summary  
Page



# ITEMIZED IN-KIND CONTRIBUTIONS

## SCHEDULE 1-IK

1. Committee I. D. Number 2024200

## CANDIDATE COMMITTEE

2. Committee Name CITIZENS TO ELECT MONICA SPARKS

3. Name and Address from whom received If contribution is from an individual, enter last name first. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs). Report <u>all</u> in-kind contributions.	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Election Cycle (Through date in Item 5)
Contribution # 1      PAC Receipt? <input type="checkbox"/> Yes Name & Address: <b>WALLACE MASSIE</b> <b>588 48TH ST SE</b> <b>KENTWOOD, MI 49548</b> <b>If over \$100.00 cumulative, please provide:</b> Occupation: <b>PROPERTY MANAGER</b> Employer Name & Business Address: <b>PARIS ESTATES MOBILE HOME PARK</b> <b>310 48TH ST SW,</b> <b>KENTWOOD, MI 49548</b>  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description <b>FOOD FOR EVENT</b> 5. Date Of Receipt: <b>10/17/2025</b> 6. <b>Vendor Name &amp; Address:</b>	\$ <b>201.09</b>	\$ <b>201.09</b>
Contribution # 2      PAC Receipt? <input type="checkbox"/> Yes Name & Address:  <b>If over \$100.00 cumulative, please provide:</b> Occupation: Employer Name & Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description 5. Date Of Receipt: 6. <b>Vendor Name &amp; Address:</b>	\$	\$
Contribution #3      PAC Receipt? <input type="checkbox"/> Yes Name & Address:  <b>If over \$100.00 cumulative, please provide:</b> Occupation: Employer Name & Address:  <input type="checkbox"/> Fund Raiser Contribution	4. <input type="checkbox"/> Endorsement or Guarantee of Bank Loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Candidate or Others <input type="checkbox"/> Goods or Services Purchased by Candidate or Others- <b>LOAN</b> Description 5. Date Of Receipt: 6. <b>Vendor Name &amp; Address:</b>	\$	\$

[Click Here for Memo Itemization](#)

[Click Here for Memo Itemization](#)

Page Subtotal

**201.09**

**201.09**

Grand Total of all Schedules 1-IK  
(Complete on last page of Schedule)

**33,332.07**

Enter this total  
on line 6 of Summary  
Page



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2024200**  
2. Committee Name **CITIZENS TO ELECT MONICA SPARKS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>ACTBLUE, LLC</b>  Address <b>PO BOX 962017 BOSTON, MA 02196</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>FEES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>03/01/2025</b> Date	\$ <b>13.50</b>
Expenditure #2 Name <b>YOCHEF'S CATERING COMPANY</b>  Address <b>34 44TH ST SE GRAND RAPIDS, MI 49548</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>FOOD FOR EVENT</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>03/05/2025</b> Date	\$ <b>334.36</b>
Expenditure #3 Name <b>LIBERTY DIRECT</b>  Address <b>15955 LA CANTERA PKWY SAN ANTONIO, TX 78256</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>CHECKS</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>03/07/2025</b> Date	\$ <b>30.90</b>
Expenditure #4 Name <b>NGP-VAN</b>  Address <b>655 15TH ST NW #650 WASHINGTON, DC 20005</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>SUBSCRIPTION</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>05/27/2025</b> Date	\$ <b>125.00</b>
Expenditure #5 Name <b>ACTBLUE, LLC</b>  Address <b>PO BOX 962017 BOSTON, MA 02196</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>COMMISSION</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>06/01/2025</b> Date	\$ <b>9.00</b>

Subtotal this page **512.76**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2024200**  
2. Committee Name **CITIZENS TO ELECT MONICA SPARKS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>ACTBLUE, LLC</b>  Address <b>P.O.BOX 962017</b> <b>BOSTON, MA 02196</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>FEES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>06/01/2025</b> Date	\$ <b>9.00</b>
Expenditure #2 Name <b>NGP-VAN</b>  Address <b>655 15TH ST NW</b> <b>#650</b> <b>WASHINGTON, DC 20005</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>SUBSCRIPTION</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>06/04/2025</b> Date	\$ <b>125.00</b>
Expenditure #3 Name <b>STAPLES</b>  Address <b>5110 28TH ST SE</b> <b>GRAND RAPIDS, MI 49512</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>OFFICE MATERIALS</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>06/13/2025</b> Date	\$ <b>29.45</b>
Expenditure #4 Name <b>STAPLES</b>  Address <b>5110 28TH ST SE</b> <b>GRAND RAPIDS, MI 49512</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>OFFICE SUPPLIES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>06/13/2025</b> Date	\$ <b>18.01</b>
Expenditure #5 Name <b>CITY OF KENTWOOD PARKS AND RECREATION</b>  Address <b>355 48TH ST SE</b> <b>GRAND RAPIDS, MI 49548</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>NON FUNDRAISING EVENT PAYMENT</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>06/23/2025</b> Date	\$ <b>30.00</b>

Subtotal this page

**211.46**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2024200**  
2. Committee Name **CITIZENS TO ELECT MONICA SPARKS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>CUSTOM BALLOON NOW</b>  Address <b>16107 KENSINGTON DR</b> <b>#172</b> <b>SUGAR LAND, TX 77479</b> <input type="checkbox"/> Fund Raiser	Purpose: <u>NON FUNDRAISING EVENT SUPPLIES</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>06/23/2025</u> Date	\$ <u>142.50</u>
Expenditure #2 Name <b>ACTBLUE, LLC</b>  Address <b>PO BOX 962017</b> <b>BOSTON, MA 02196</b> <input type="checkbox"/> Fund Raiser	Purpose: <u>COMMISSION</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/01/2025</u> Date	\$ <u>13.88</u>
Expenditure #3 Name <b>NGP-VAN</b>  Address <b>655 15TH ST NW</b> <b>#650</b> <b>WASHINGTON, DC 20005</b> <input type="checkbox"/> Fund Raiser	Purpose: <u>SUBSCRIPTION</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>07/03/2025</u> Date	\$ <u>125.00</u>
Expenditure #4 Name <b>ACTBLUE, LLC</b>  Address <b>PO BOX 962017</b> <b>BOSTON, MA 02196</b> <input type="checkbox"/> Fund Raiser	Purpose: <u>FEES</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/01/2025</u> Date	\$ <u>16.81</u>
Expenditure #5 Name <b>NGP-VAN</b>  Address <b>655 15TH ST NW</b> <b>WASHINGTON, DC 20005</b> <input type="checkbox"/> Fund Raiser	Purpose: <u>SUBSCRIPTION</u>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>08/04/2025</u> Date	\$ <u>125.00</u>

Subtotal this page

**423.19**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2024200**  
2. Committee Name **CITIZENS TO ELECT MONICA SPARKS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>RJ'S PRINTING LLC</b>  Address <b>1001 2ND ST SE KALAMAZOO, MI 49001</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>YARD SIGNS</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>08/08/2025</b> Date	\$ <b>711.26</b>
Expenditure #2 Name <b>RJ'S PRINTING LLC</b>  Address <b>1001 2ND ST SE KALAMAZOO, MI 49001</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>PRINTING</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>08/20/2025</b> Date	\$ <b>1,286.31</b>
Expenditure #3 Name <b>GRAYCE HOOGERHYDE</b>  Address <b>9726 SHAW CREEK CT NE ROCKFORD, MI 49341</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>STAFF PAY</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>08/22/2025</b> Date	\$ <b>1,000.00</b>
Expenditure #4 Name <b>ACTBLUE, LLC</b>  Address <b>PO BOX 962017 BOSTON, MA 02196</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>FEES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/01/2025</b> Date	\$ <b>25.22</b>
Expenditure #5 Name <b>NGP-VAN</b>  Address <b>655 15TH ST NW WASHINGTON, DC 20005</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>SUBSCRIPTION</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/05/2025</b> Date	\$ <b>125.00</b>

Subtotal this page

**3,147.79**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2024200**  
2. Committee Name **CITIZENS TO ELECT MONICA SPARKS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>GRAYCE HOOGERHYDE</b>  Address <b>9726 SHAW CREEK CT NE ROCKFORD, MI 49341</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>STAFF PAY</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/05/2025</b> Date	<b>\$ 1,000.00</b>
Expenditure #2 Name <b>REV - REVITALIZE</b>  Address <b>125 OTTAWA AVE NW GRAND RAPIDS, MI 49503</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <b>FUNDRAISING EVENT MARKETING</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/13/2025</b> Date	<b>\$ 48.52</b>
Expenditure #3 Name <b>REV - REVITALIZE</b>  Address <b>125 OTTAWA AVE NW GRAND RAPIDS, MI 49503</b>  <input checked="" type="checkbox"/> Fund Raiser	Purpose: <b>DRINKS FOR FUNDRAISING EVENT</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/13/2025</b> Date	<b>\$ 300.00</b>
Expenditure #4 Name <b>GRAYCE HOOGERHYDE</b>  Address <b>9726 SHAW CREEK CT NE ROCKFORD, MI 49341</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>STAFF PAY</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/16/2025</b> Date	<b>\$ 1,000.00</b>
Expenditure #5 Name <b>THE ORIGINAL PRINT SHOPPE</b>  Address <b>270 S TELEGRAPH RD PONTIAC, MI 48341</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>CAMPAIGN MAILER</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/17/2025</b> Date	<b>\$ 3,991.19</b>

Subtotal this page **6,339.71**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2024200**  
2. Committee Name **CITIZENS TO ELECT MONICA SPARKS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>ONE MICHIGAN ALLIANCE FUND</b>  Address <b>2615 HALL ST SE GRAND RAPIDS, MI 49506</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>NON FUNDRAISING EVENT PAYMENT</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/19/2025</b> Date	\$ <b>75.00</b>
Expenditure #2 Name <b>J.B. PRINTING</b>  Address <b>3111 LAKE ST KALAMAZOO, MI 49048</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>YARD SIGNS</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/23/2025</b> Date	\$ <b>716.56</b>
Expenditure #3 Name <b>THE ORIGINAL PRINT SHOPPE</b>  Address <b>270 S TELEGRAPH RD PONTIAC, MI 48341</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>CAMPAIGN MAILER</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/28/2025</b> Date	\$ <b>1,715.33</b>
Expenditure #4 Name <b>J.B. PRINTING</b>  Address <b>3111 LAKE ST KALAMAZOO, MI 49048</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>YARD SIGNS</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>09/29/2025</b> Date	\$ <b>716.56</b>
Expenditure #5 Name <b>ACTBLUE, LLC</b>  Address <b>PO BOX 962017 BOSTON, MA 02196</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>FEES</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/01/2025</b> Date	\$ <b>82.58</b>

Subtotal this page **3,306.03**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2024200**  
2. Committee Name **CITIZENS TO ELECT MONICA SPARKS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>NGP-VAN</b>  Address <b>655 15TH ST NW</b> <b>WASHINGTON, DC 20005</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>SUBSCRIPTION</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/03/2025</b> Date	\$ <b>125.00</b>
Expenditure #2 Name <b>GRAYCE HOOGERHYDE</b>  Address <b>9726 SHAW CREEK CT NE</b> <b>ROCKFORD, MI 49341</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>STAFF PAY</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/03/2025</b> Date	\$ <b>1,000.00</b>
Expenditure #3 Name <b>CAMPAIGN VERIFY</b>  Address <b>1215 31ST ST NW</b> <b>PO BOX 3554</b> <b>WASHINGTON, DC 20007</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>AUTHORIZATION TOKEN</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/07/2025</b> Date	\$ <b>95.00</b>
Expenditure #4 Name <b>THE CANDIED YAM</b>  Address <b>932 DIVISION AVE S</b> <b>GRAND RAPIDS, MI 49507</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>FOOD FOR EVENT</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/07/2025</b> Date	\$ <b>200.00</b>
Expenditure #5 Name <b>J.B. PRINTING</b>  Address <b>3111 LAKE ST</b> <b>KALAMAZOO, MI 49048</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>CAMPAIGN LITERATURE</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/11/2025</b> Date	\$ <b>1,134.20</b>

Subtotal this page **2,554.20**

Grand Total of all Schedules 1B  
(Complete on last page of Schedule)

Enter this total  
on line 8a of  
Summary Page



**ITEMIZED EXPENDITURES**  
**SCHEDULE 1B**  
**CANDIDATE COMMITTEE**

1. Committee I. D. Number **2024200**  
2. Committee Name **CITIZENS TO ELECT MONICA SPARKS**

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <b>COMFORT LOVE</b>  Address <b>2038 CYPRESS ST SW</b> <b>WYOMING, MI 49519</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>GRAPHIC DESIGN</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/14/2025</b> Date	\$ <b>1,000.00</b>
Expenditure #2 Name <b>INTUIT MAILCHIMP</b>  Address <b>405 N ANGIER AVE NE</b> <b>ATLANTA, GA 30308</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>MARKETING</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/16/2025</b> Date	\$ <b>75.00</b>
Expenditure #3 Name <b>GRAYCE HOOGERHYDE</b>  Address <b>9726 SHAW CREEK CT NE</b> <b>ROCKFORD, MI 49341</b>  <input type="checkbox"/> Fund Raiser	Purpose: <b>STAFF PAY</b>  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<b>10/17/2025</b> Date	\$ <b>1,000.00</b>
Expenditure #4 Name  Address    <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement  <a href="#">Click Here for Memo Itemization Type</a>	_____ Date	\$ _____
Expenditure #5 Name  Address    <input type="checkbox"/> Fund Raiser	Purpose: _____  <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement  <a href="#">Click Here for Memo Itemization Type</a>	_____ Date	\$ _____

Subtotal this page **2,075.00**  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) **18,570.14**

Enter this total  
on line 8a of  
Summary Page



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number **2024200**  
2. Committee Name **CITIZENS TO ELECT MONICA SPARKS**

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <b>03/21/2025</b>	4. Number of Individuals Attending or Participating (whichever is greater)  <b>150</b>	5. Type of Fund Raising Activity  <b>CAMPAIGN KICK-OFF</b>	6. Address and Name (If any) of the place where the activity was held. <b>MORENAS EVENT VENUE 4470 BRETON RD SE KENTWOOD, MI 49508</b> <input type="checkbox"/> Private Residence
---	--	--	--

7. Total Contributions **2,095.00**  
8. Other Receipts **0.00**  
9. Gross Receipts (Add lines 7 and 8) **2,095.00**  
10. Total Cost of Event **6,338.79**  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number **2024200**  
2. Committee Name **CITIZENS TO ELECT MONICA SPARKS**

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <b>07/19/2025</b>	4. Number of Individuals Attending or Participating (whichever is greater)  <b>40</b>	5. Type of Fund Raising Activity  COMMISSIONERS COOK-OFF	6. Address and Name (If any) of the place where the activity was held. <b>TEAMSTERS LOCAL 406 3315 EASTERN AVE SE GRAND RAPIDS, MI 49508</b> <input type="checkbox"/> Private Residence
---	---	--	---

7. Total Contributions **175.00**  
8. Other Receipts **0.00**  
9. Gross Receipts (Add lines 7 and 8) **175.00**  
10. Total Cost of Event **300.02**  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number **2024200**  
2. Committee Name **CITIZENS TO ELECT MONICA SPARKS**

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <b>08/07/2025</b>	4. Number of Individuals Attending or Participating (whichever is greater)  <b>30</b>	5. Type of Fund Raising Activity  <b>SIPS WITH SPARKS</b>	6. Address and Name (If any) of the place where the activity was held. <b>BAILEY'S GROVE CLUB HOUSE 5353 BAILEY GROVE DR GRAND RAPIDS, MI 49512</b> <input type="checkbox"/> Private Residence
---	---	---	--

7. Total Contributions **125.00**  
8. Other Receipts **0.00**  
9. Gross Receipts (Add lines 7 and 8) **125.00**  
10. Total Cost of Event **538.59**  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number **2024200**  
2. Committee Name **CITIZENS TO ELECT MONICA SPARKS**

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <b>09/06/2025</b>	4. Number of Individuals Attending or Participating (whichever is greater)  <b>50</b>	5. Type of Fund Raising Activity  SPARKS CULTURAL FESTIVAL	6. Address and Name (If any) of the place where the activity was held. VETERANS MEMORIAL PARK 355 48TH ST SE GRAND RAPIDS, MI 49548 <input type="checkbox"/> Private Residence
---	---	--	--

7. Total Contributions **1,190.00**  
8. Other Receipts **0.00**  
9. Gross Receipts (Add lines 7 and 8) **1,190.00**  
10. Total Cost of Event **2,543.69**  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.



**FUND RAISER SCHEDULE 1F  
CANDIDATE COMMITTEE**

1. Committee I.D. Number **2024200**  
2. Committee Name **CITIZENS TO ELECT MONICA SPARKS**

**- USE A SEPARATE SHEET FOR EACH EVENT -**

3. Date Event Was Held  <b>09/19/2025</b>	4. Number of Individuals Attending or Participating (whichever is greater)  <b>40</b>	5. Type of Fund Raising Activity  <b>SIP ART SPARKS</b>	6. Address and Name (If any) of the place where the activity was held. <b>REV - REVITALIZE</b> <b>125 OTTAWA AVE NW</b> <b>GRAND RAPIDS, MI 49503</b> <input type="checkbox"/> Private Residence
---	---	---	--

7. Total Contributions **3,680.00**  
8. Other Receipts **0.00**  
9. Gross Receipts (Add lines 7 and 8) **3,680.00**  
10. Total Cost of Event **5,825.95**  
(Total Cost includes In-Kind Contributions and All Expenditures Made For the Event)

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.
- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (1A), Itemized In-Kind Contributions Schedule (1-IK), Itemized Expenditures Schedule (1B) and the Summary Page.
- Each committee that participated in a joint fund raiser must file a Fund Raiser Schedule for the event.